

# MONTGOMERY COUNTY *GET-IN* PROGRAM APPLICATION FOR PARTICIPATION

I, \_\_\_\_\_, \_\_\_\_\_, Division of \_\_\_\_\_,  
(Name) (title)  
Department of \_\_\_\_\_, state as follows:

1. I am now and at all times referred to in this application, an employee of Montgomery County Government.
2. I am competent to make this decision and I do so with the best information, knowledge, and belief.
3. I am familiar with the regulations of the *GET-IN* program for Montgomery County Government employees.
5. I will be traveling to work by: (Check all that apply)  
☐ VANPOOL ☐ RIDE-ON ☐ METROBUS (MD)  
☐ METROBUS (MD/DC) ☐ METRORAIL ☐ MARC Commuter Rail
6. I am turning in or have already turned in my Parking Permit or Parking Convenience Sticker, or I have given up or will give up my parking privileges.
7. I understand that I am eligible for the Guaranteed Ride Home Provision for taxi/transit reimbursement from my department in case of a certified bona fide emergency.

I will be using the benefit exclusively for my regular daily commute from home to work and return. I will not give, barter, exchange, convey or otherwise transfer my benefit to any other person. I understand and agree that false certification may result in disciplinary action up to and including dismissal from employment and possible prosecution.

\_\_\_\_\_  
(Date) (Signature of *GET-IN* Program applicant)

Name (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Hours \_\_\_\_\_ to \_\_\_\_\_ Work Phone No. \_\_\_\_\_

How were you traveling to work before joining *GET-IN*?

☐ Drive Alone ☐ Transit Transit Type: ☐ Metrorail ☐ Metrobus ☐ Ride On  
☐ Vanpool/ Carpool ☐ Size of Carpool ☐ Capacity of Carpool ☐ # of Days per Week  
☐ Other: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. ATTACH A COPY OF YOUR TIME SHEET.  
ALL SUBSIDY MUST BE USED WITHIN THE GIVEN MONTH, AND NOT CARRIED OVER INTO THE NEXT MONTH.**

## TO BE COMPLETED BY THE SUPERVISOR AND DEPARTMENT DIRECTOR OF THE *GET-IN* APPLICANT

By signing this application, I understand that, \_\_\_\_\_, is applying to participate in the *GET-IN* Program. (Mr. /Ms.) \_\_\_\_\_ (check one :) \_\_\_\_\_ was \_\_\_\_\_ was not issued a parking permit by the Facilities Division of the Department of Public Works and Transportation. Also, should this employee need to leave the work site unexpectedly because of an emergency, the taxi or transit costs will be paid from this department.

\_\_\_\_\_  
(Date) Supervisor's Signature Print Name

\_\_\_\_\_  
(Date) Department Director's Signature Print Name

## FOR DIVISION OF TRANSIT SERVICES USE ONLY

County Employee verified by: ☐ Paystub ☐ Time Sheet ☐ PAF ☐ Letter of Appointment by : \_\_\_\_\_  
 Date assigned *GET-IN* Card: \_\_\_\_\_ Initials: \_\_\_\_\_